

AUDITOR EMPLOYMENT APPLICATION

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Discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation is prohibited.

PRINT OR TYPE – REFER TO THE EXPLANATIONS AND NOTICES ON THE REVERSE SIDE.

1. GENERAL INFORMATION

| | | | |
|-------------------------|----------|---------|------------------------|
| APPLICANT'S NAME (Last) | (First) | (M.I.) | SOCIAL SECURITY NUMBER |
| MAILING ADDRESS | | | WORK TELEPHONE NUMBER |
| (City) | (County) | (State) | (Zip Code) |
| | | | HOME TELEPHONE NUMBER |

2. EDUCATION

All candidates extended employment by the Bureau of State Audits must provide official transcripts from their educational institution. Signing this application certifies that you will have completed all required course work prior to your employment with the Bureau of State Audits.

To qualify for an auditor position, you must meet one of the following categories: (Check all that apply)

I have graduated (or will graduate) with the following degree(s):

- ☐ JD ☐ MPA ☐ MBA ☐ MSBA ☐ MS Accountancy
☐ BS, Business Administration – Accountancy ☐ BS, Business Administration

☐ I have a Bachelor's degree or its equivalency and have completed the following courses:

A minimum of 39 semester units (59 quarter units) of business-related courses, which include the following:

- a minimum of 6 semester units (9 quarter units) in Accounting.
- a minimum of 6 semester units (9 quarter units) in Computer Application/Information Technology.
- a minimum of 6 semester units (9 quarter units) in Written/Oral Communications.
- a minimum of 9 semester units (14 quarter units) in Qualitative courses (i.e., mathematics, statistics, etc.)

3. RESUME AND COVER LETTER

Attach a resume and cover letter to this application. The resume should include a detailed description of your education, work experience, and salary history. The cover letter should briefly describe why you are interested in an auditor position with the Bureau of State Audits.

4. EMPLOYMENT

- A. Do you need special accommodations to participate in an interview or a written test? ☐ YES ☐ NO
- B. Have you ever: (If YES, please attach a detailed explanation)
1. Been dismissed or fired from a position for any reason? ☐ YES ☐ NO
2. Resigned from or quit a position while under investigation or after being informed discipline would be taken against you or during an appeal from a disciplinary action? ☐ YES ☐ NO
3. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ YES ☐ NO
- C. Are you now employed by the State of California? (If "YES," fill in the information below.) ☐ YES ☐ NO
- (Department) (Subdivision) (Current Classification)

5. CERTIFICATION--Important: Please read and sign below.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete or incorrect statements may result in my disqualification from the examination/selection process or dismissal from employment with the State of California. For the purpose of substantiating the legitimacy and completeness of information provided to the Bureau of State Audits, I authorize the employers and educational institutions identified in this application to release any information they may have concerning my employment or education. I further understand that the Bureau of State Audits may conduct a background check through the California Department of Justice and require fingerprinting to be completed as part of the employment process.

SIGNATURE



DATE

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**EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)**

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER _____

| | | | | | | | |
|-----|---------------------------------------|--------------------------------------|--------------------------------------|--|--------|-------------------------------|---------------------------------|
| AGE | <input type="checkbox"/> (1) UNDER 21 | <input type="checkbox"/> (3) 21 - 39 | <input type="checkbox"/> (6) 40 - 69 | <input type="checkbox"/> (7) 70 AND OVER | GENDER | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
|-----|---------------------------------------|--------------------------------------|--------------------------------------|--|--------|-------------------------------|---------------------------------|

Ethnic Category (Please check the box that best describes your race/ethnicity.):

☐ (7) **AMERICAN INDIAN OR ALASKAN NATIVE--** Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION

☐ (2) **ASIAN--** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

☐ (1) **BLACK--** Persons having origins in any of the black racial groups of Africa.

☐ (8) **FILIPINO--** Persons having origins in any of the original peoples of the Philippine Islands.

☐ (4) **HISPANIC--** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ (6) **PACIFIC ISLANDERS--** Persons having origins in the Pacific Islands, such as Samoa.

☐ (5) **WHITE--** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Check if:

☐ (3) **OTHER (Specify)** _____

☐ (Y) **DISABLED--**A person with a disability is an individual who: (1) has a physical or mental impairment that substantially limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record of such an impairment; (3) is regarded as having such an impairment.

☐ **MILITARY--**A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

How did you learn of this Examination?

| | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> TELEPHONE JOB LINE | <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> INTERNET |
| <input type="checkbox"/> ADVERTISEMENT IN _____ | <input type="checkbox"/> EXAMINATION BULLETIN LOCATED AT _____ | |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**Explanations and Notices**

Veteran's points: We will grant veteran's points in this examination. If you feel you qualify for veteran's points, you must contact the State Personnel Board and complete an Application for Veteran's Preference Form SPB-1093. The Board will process your application and make its results available to the Bureau. You may contact the Board at (916) 653-1502 for additional information on the process.

Disclosure of Social Security number: Providing this number is voluntary in accordance with the Privacy Act of 1974 (PS93-579). However, if the Social Security number is not provided, the Bureau will be unable to process your application for purposes of granting veteran's preference points or to check for eligibility in promotional examinations.

Reasonable Accommodations: Will be provided to applicants who need assistance to interview or take written tests. If you checked "YES" to question 4A, we will contact you by telephone or mail to make arrangements.

Employment: Question 4B must be answered by all applicants. If you answered "YES" to any item in question 4B, you may attach an explanation. Your explanation may include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position/agency.

Certification: Your signature and the date signed is *required*.